

## REIMBURSEMENT REQUEST FOR OTHER SERVICES

**Program: Alternatives to Abortion**

Contractor: Alliance for Life

Subcontractor: Lifeline Pregnancy Care Center

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name \_\_\_\_\_ Date Enrolled 03/22/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/1/17	Car Repair	\$406.24	Car is broken down - unable to drive to go to doctor, case management or parenting class. No other sources are available in our area.
Amt to be reimbursed		\$406.24	

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Lori Amato

Alliance for Life Program Manager: \_\_\_\_\_

Purchase Is Approved ☒ Denied ☐ A2A Signature Emily Kraft Date 2/28/17  
Reason for denying purchase:

Reason for denying purchase: \_\_\_\_\_ Date 4/2

**Tim's Auto Service & Sales, Inc.**

370 Hwy PP

Cuba, MO. 65453

Phone: 573-885-6736 Fax: 573-885-6937

ESTIMATE #

**Estimate for Services**

Estimate Date : 2/28/2017

Odom. In: 0

VIN # :

Part Description / Number	Qty	Sale	Ext	Labor Description	Hours	Extended
BRAKE LINES & FITTINGS	1.00	33.69	33.69	REPLACE REAR BRAKE LINES & BLEED SYSTEM	4.00	220.00
1 Brake Fluid	1.00	7.48	7.48	CK&REPLACE BATTERY	0.27	15.00
1 BATTERY 1 YEAR	1.00	111.92	111.92			
1 Shop Supplies			4.59			

Parts/Supplies: 157.88 Labor: 235.00

HazMat/Fee: 0.00 Tax: 13.56 Total: \$ 406.24

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right.

TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_\_ days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise. Save all Parts \_\_\_\_ NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_